

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 11.

AUGUST 1st, 1940.

Price Fourpence

"LIVING-ROOM"

A FEW years ago—so the story goes—an illustrious foreign visitor, I think he was a Danish professor, was being shown round St. Bartholomew's Hospital. He was shown the wards, the ward-kitchens, and the glories of the sluice rooms, he marvelled at the glistening splendour of the operating theatres, and he was even polite about his lunch in the Refectory. . . . Outside in the Square, he was seen to be looking round corners and through gateways in ever-growing astonishment, and, when asked what it was that he had failed to find, he said simply: "But where is the park?"

If the idea of a supposedly advanced country running its most important hospitals in the heart of its largest and dirtiest city appeared incongruous to our enlightened Scandinavian neighbours, they for their part were inclined to forget that London hospitals were built in districts which only long after became the over-crowded hives of congested populace which they now are. And obviously there must be hospitals in the thickly populated areas, within easy reach of acute emergencies. But it is amazing that it should have taken this war to bring into being a state of affairs which allows chronic cases to be sent out of the city to receive treatment among congenial surroundings, where there is air to breathe; a war, curiously enough, being fought by an aggressor whose affirmed purpose is to find "living-room"—breathing-space—for his people. . . .

The tendency nowadays is perhaps to under-rate the value of fresh air and open space in the treatment of disease. Ask the patients at Friern or Hill End what they think about being in a hospital ward in the

country rather than in the town, and there is not much doubt about the answer they will give—unless possibly they have had to arrive on a rainy day. An even if it is that they only *think* they get better more quickly in the country, surely the benefit is the same.

To the man who has worked for a long time in London, a spell at one of our base hospitals has a similar tonic effect. At Friern Barnet, for instance, he is hardly so far out of town as to be able to say he is in the suburbs; yet once within the grounds of the hospital, he might be miles in the country. He can look out of a ward window during a round, and see, not the soulless turmoil of the G.P.O., but the sight of well-fed cows grazing quietly in green fields under green trees, nurses and patients sitting easily together in groups on the grass, and ward-sisters chatting pleasantly with lunatics. There, too, through the branches of a cedar-tree, he can see a water-tower standing on the top of a small hill, faintly suggestive of a Greek temple. And over all lies the slumbrous quiet of a prosperous country estate. If he goes out for lunch, he may have it in a rustically cosy shop where food—incredibly cheap—tastes like food again, and he can forget the ruinous distastefulness which is all he can find in his home hospital. . . .

Those who have converted these places since the war began, and adapted them from what they were into what they are, deserve the highest praise and congratulation for their efforts. May the fruits of the work they have done not be cast aside when the war is over.

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Those who have converted these places since the war began, and adapted them from what they were into what they are, deserve the highest praise and congratulation for their efforts. May the fruits of the work they have done not be cast aside when the war is over.

Perhaps, also, after Hitler in his search for "Lebensraum" has had loads of bombs dropped on London, then, when the rebuilding begins, those who are responsible for it will do it with thought, so that room to live and air to breathe may be left for everybody. Perhaps the dream of the poet will come true who looked at the city and saw a new Jerusalem in some far distant future:

As home I travelled regretfully through London,
She entered. She was pretty and pranked in all
the fashion,
Who can doubt she likes it, her Babylonian
bondage . . .
The noise, the never-ending streets,
The pale and clever faces?

Yet as our eyes encountered, I saw her go to
milking
Across the unknown meadows until her shoes
were golden . . .
Was it her mother's mother who looked at me,
or was it
No faded ghost, and had I seen,
Perhaps, her children's children?

ABERNETHIAN SOCIETY

THE 1939-40 Session was closed by a clinical evening on June 20th in the Abernethian Room, at 5 p.m. Mr. C. M. Fletcher took the chair. This was unfortunately the only meeting of the year; many vain attempts had been made to find a prominent person to address the Society, but we had to give up the effort, which left us only June in which to arrange a clinical evening. This was highly successful, however, and had a large attendance.

Elections for the Committee for the year 1940-41 preceded the clinical evening. The following were elected:—

Mr. C. M. Fletcher,

Mr. R. B. Terry,

Vice-Presidents.

Mr. M. D. M. O'Callaghan,

Mr. T. Rowntree,

Presidents.

Mr. J. Beeston,

Mr. A. G. S. Bailey,

Hon. Secretaries.

Mr. E. Grey Turner,

Mr. C. S. Phillips,

Junior Hon. Secretaries.

Three cases were shown at the Clinical Evening, which followed:—

A case of cirroid aneurysm, by Mr. Morris.

A case of lymphoid follicular reticulosis, by Mr. Davies.

A case of ophthalmoplegia due to orbital periostitis, by Mr. Atkinson.

All the cases inspired considerable discussion, and the evening came to an all too early end at 6.30 p.m.

The Society wishes to extend its thanks to those members of the senior staff who helped the evening to be so successful by allowing their cases to be shown.

L.D.V.s AT HILL END

FOLLOWING a request from the Colonel of the local battalion, two dozen students joined the L.D.V.s to reinforce the Cell Barnes Section. Accordingly, on certain evenings the aforesaid gentlemen may be seen at practice, handling their weapons with a measure of confidence which speaks of many days spent at O.T.C. camps. Others of them may be seen erecting suitable fortifications. It would be obvious, even to an unbiassed observer, that the spirit of the troops is excellent.

Uniforms have been issued. As far as the forage caps are concerned, uniform is a singularly apt description—they are all the same size. This gives the larger-headed men a somewhat pickled look. The manufacturer seems to have overlooked another elementary principle of good tailoring—the provision of buttons. These trivial defects automatically reduce the uniform to the "reach-me-down" level.

In spite of its ragtime appearance the unit has been congratulated on its efficiency by the Colonel. Further divulgence of its activities would no doubt place the writer in an exceedingly embarrassing position—in front of a brick wall.

J. C. M.

September Issue. Contributions for the September issue should be received before August 16th.

Sir Walter Langdon-Brown has been elected an Honorary Fellow of the Royal College of Physicians of Ireland.

CASE REPORT OF RUPTURED VALVES IN THE SUBCLAVIAN VEIN

By J. F. LUCEY.

THIS history is of some interest, as it is believed to be the first reported case of the condition.

The patient was an energetic man of 19 in good health. While playing tennis, actually during the act of serving, he experienced a sharp pain in the apex of the axilla. The pain was not severe and lasted for a minute or so only. During the next few minutes the right arm became rather swollen and, while making strokes, pain was felt over the medial side of the elbow and over the dorsum of the hand; the veins were more engorged than those of the left arm, the whole right arm being, moreover, rather stiff and tense. At this stage the condition was relieved but slowly by elevating the arm, and it also took several minutes exercise to produce symptoms.

For the next $2\frac{1}{2}$ years the condition remained almost stationary except for two or three minor changes. The pain became less localised and less acute; symptoms developed and were relieved by rest and posture with increasing abruptness; cyanosis began to occur to an increasing degree; and finally one small and wandering collateral vein developed, running from the cephalic vein to the external jugular vein. No loss of power developed, but ability to use the arm was greatly limited by swelling; if activity was continued without stop for more than one minute, the arm became so tense that the wrist and elbow could be moved with difficulty only, a period of at least 10 minutes' complete rest being required to remove the congestion and the cyanosis; elevation of the arm shortened this period and a dependent position of the arm prevented the symptoms from abating.

Two months before the patient was seen, he fell heavily on his right arm, while it was in a congested state; immediately after this fall a swelling appeared which was situated below the clavicle, in the space between the deltoid muscle and the clavicular head of the pectoralis major muscle; its transverse diameter was $2\frac{1}{2}$ in. Further, from this time onwards the condition became very much worse, and such everyday affairs as washing, shaving and dressing could not be accomplished without considerable swelling and pain. The pain at this

stage was not sharp and localised, as at the beginning, but was a dull pain present throughout the arm. At no time was there any oedema of the right arm, the swelling being confined to the general venous circulation.

Dr. Scowen was consulted and exploration of the subclavian was recommended; with this in view Professor Paterson Ross and Mr. O'Connell were kind enough to see the patient.

During examination, one important new fact was noticed. This was that no congestion of the arm occurred during exercise, if digital compression was applied over the subclavian vein during the exercise; as soon as the finger was taken off the vein congestion followed. On the basis of this it was decided that, if no other cause of the condition was found, it would be beneficial to tie the vein.

At operation the vein was thoroughly explored; two incisions were made; by way of the first, 4 inches long, just above the right clavicle, the external jugular vein was displayed and traced down to the subclavian; and then the subclavian was explored as far inwards as the point where it disappears beneath the inner end of the clavicle. Just internal to the external jugular junction and in front of the scalenus anticus muscle there was some fibrosis outside the vein. This appeared to be a thickening of the tunica adventitia causing no constriction of the vein at all. The second incision was made below the clavicle, in the groove between the deltoid and the clavicular head of the pectoralis major muscle. Through this incision the top of the axillary vein was exposed, and this part of the vein as well as the outer end of the subclavian vein appeared normal. The exploration completed, it was decided to tie the vein; this was done by means of two ligatures passed around the vein, about half an inch apart, just internal to the external jugular vein—i.e., in the second part of the subclavian vein. The ligatures were of chromic catgut and they were tied independently; the vein was not divided between the ligatures. The wounds were closed with interrupted catgut sutures and a corrugated rubber drain left in the outer end of the upper incision.

Progress following the operation was remarkable and the result of the operation excellent.

On recovering consciousness, there was a sense of acute discomfort. The whole arm ached and the right shoulder was peculiarly painful; the head could not be raised from the pillow, owing to the slight dissection of the sterno-mastoid muscle. The arm from the wrist to the shoulder was swollen and there was pitting oedema over the fore-arm. Throughout the period of recovery, the hand was never oedematous. The patient lay on his back, supported with four or five pillows and, with the arm resting in a sling hanging from a pole beside the bed, the elbow was flexed and the fore-arm vertical.

For two days the pain continued to be severe, and no change in the degree of swelling was noticed; the drain was removed on the first day after operation. During the second night, some degree of surgical emphysema was noticed in the right axilla, which caused no pain, and was absorbed without giving any trouble.

On the third day, the pain was less, the head could be raised with help from the left hand and a fairly good night's sleep was obtained with two Allonal tablets.

The fourth day was marked by the removal of the stitches; these were removed without any pain, deep sensation only being present. There was no inflammation around the incision, although the small place from which the drain had been removed still discharged some blood stained serum. The night was a good one, sleep being obtained without any narcotic.

On the fifth day, the patient was able to enjoy a full meal, and was able to get up and shave himself, using the right arm. At this time the arm was still very swollen, no change having occurred in this respect since the operation. There was still considerable pain in the shoulder on movement, especially when the arm was hanging by the side; the sling was discarded as a permanent measure on the third day.

The seventh day saw the complete mobilisation of the patient, a fifteen mile bicycle ride being taken without any discomfort. The arm was still swollen as before, but this swelling was painless and increased very little with exercise. The

occurrence of cyanosis with exercise had practically ceased.

From this time onward, progress was unhindered, the patient returned to everyday work on the tenth post-operative day. Three weeks after the operation he was able to enter for athletic sports, and compete in field events without any swelling of the arm, that is to say, *extra* swelling, the original oedema being still present. Recovery of strength in the right arm was dramatic, as for the first week after the operation the arm could not be lifted above the shoulder, nor was it possible, without considerable pain, to lift any object from the ground; one week later the patient could play a hard game of squash and throw the javelin.

At the present time, nine weeks after the operation, sensation is returning to the skin, the operation scar is firmly healed and is freely mobile over the clavicle; there are several small collateral veins running across the front of the chest; no pain is experienced and there is no limiting factor as far as exercise is concerned; the enlargement of the arm is very much less marked, though there is no accurate measurement of the subsidence of this swelling.

Comment.—From post-mortem specimens, it was found that the uppermost valve in the subclavian vein was situated approximately where the vein enters the neck, below the clavicle, the exact position varying in different subjects; in the patient's case this corresponds with the position in which the pain was first felt.

The increased rapidity of the occurrence and subsidence of symptoms during the later part of this history, before operation, would seem to indicate that the blood was forming some new pathway for itself, probably by the *venae comites*; this pre-formed drainage would explain the rapid recovery without gross oedema, or large collateral veins.

Differential Diagnosis.—During the earlier stages of this condition, two other diagnoses were considered.

(1) Effort thrombosis; this condition is known to occur in washerwomen, who spend long periods with their hands above their heads, and in the subclavian veins of a certain type of fencer, who uses

a heavy sword and has to keep this weapon above head level. Against this diagnosis was the incomplete nature of obstruction and the intermittent occurrence of the symptoms.

(2) Obstruction of the vein by some surrounding structure; this diagnosis was

more likely and could not be excluded until operation. X-rays excluded the possibility of bony obstruction, and it was difficult to reconcile the symptoms with any definite form of obstruction.

My thanks are due to Professor Paterson Ross for permission to report this case.

VIVA VOCE!

Or Heil to the Dictators in the Anatomy Department.

An imp in me whispers
 "A concha's a part
 Of Scalenius Anterior
 Found in the heart."

It tells me how Corti
 Discovered that beer
 Will produce palpitations
 If poured in the ear.

That Winslow's foramen
 When found in the brain
 Will—for goodness' sake stop it,
 You'll drive me insane.

My knowledge has gone
 And I don't know a thing,

As I wait for a viva—
 The bell give a "ting."

Has the tone of a diner's
 Kept waiting to eat,
 An imperious challenge,
 Hi!! Bring me more meat.

The last one was tender,
 He melted away;
 When I asked him, "Relations"
 —Refer him to Gray.

Once again the bell rings
 And this time for me,
 If I had but the courage,
 I'd turn round and flee.

"LAUNCELOT."

THE NEW BEHAVIOUR

Curious manifestations have appeared lately of a new laxity in manners which has sprung into being since the war began. This is not directly our concern except where the blame is wrongly laid at our door. Certain individuals, possibly with "Candid Camera" in mind, have been seen to stand up quite blatantly in the front rows of out-patients with the object of taking photographs of teachers and patients, sometimes causing a complete hold-up of proceedings. Let it be known that not a single one of the victims of "Our Candid Camera" in the past—nor few of those present on the occasions when he did his work—were ever aware that anything had taken place.

EXAMINATIONS

Correspondents have shown a certain lack of understanding of last month's Editorial by interpreting it as a plea for an easier examination standard. The point made—as closer scrutiny will show—was that the discrepancies shown by different Examining Boards, not in standard of knowledge required, but in cost of entrance and amount of clinical work done, should be removed.

QUEENS' COLLEGE, CAMBRIDGE

We regret that we have received no news from Cambridge for some time, and sincerely hope that the defect will be remedied next month.

MOLOCH - 1940

YEARS ago the Ammonites sacrificed to the God Moloch that which they held dearest; and so their children were forced to pass through fire in sacrifice to this munificent monster. To-day the children of this country are being forced to pass through fiercer fires in sacrifice to another Moloch beside whose wickedness the original looks as innocent as a Raphaelite cherub. Moloch the First needed exposing — herewith the exposition of Moloch the Second.

Every day for the last ten months, property and persons which we hold most dear are being needlessly sacrificed to uphold a nebulous belief known as "fair play." From this belief other pseudo-ideals are procreated, such as "playing the game," "it is not sporting," or "it is not British." Consequent upon these nonsensical beliefs the authorities of this country are unable to take the initiative during a war in which failure to take the initiative means incalculable sacrifices of men and materials. Pristine politicians, who are generally considered to be of no more help to the country which they have successfully steered to the edge of the precipice, cannot be suspended altogether, but must be given a smaller job in the spirit of fair play. Convicted evaders of Military Service, who pay fifty to two hundred pounds to a pathological piece of protoplasm to impersonate them at their medical examination, may only be fined twenty-five pounds; to desert while in uniform earns an interview with a firing squad, yet to make the punishment fit the crime in the former case "would not be playing the game." Other countries, having decided that certain persons, or collection of persons, contribute nothing to the state, upon whom they parasitically exist, are entitled to act accordingly; but no authority dare do so in England lest the public rise up crying, "It is not British."

There are countless other examples of similar sacrifices to this new Moloch. And who is to blame? Why, Cricket of course.

Yes, the fundamental cause of this false principal is to be found in the waving of willow wands. From this ancient game has arisen the new Moloch to which so much is needlessly sacrificed: in it is personified the spirit of "fair play" and "doing the right thing," which must be eradicated instantly. Ask any politician born and bred in the outfield of an English cricket field to take the initiative in invading a neutral country to-day before the enemy gain colossal advantages by doing so to-morrow, and he would certainly reply, "No! It is not cricket—damme, old chap, it's body line."

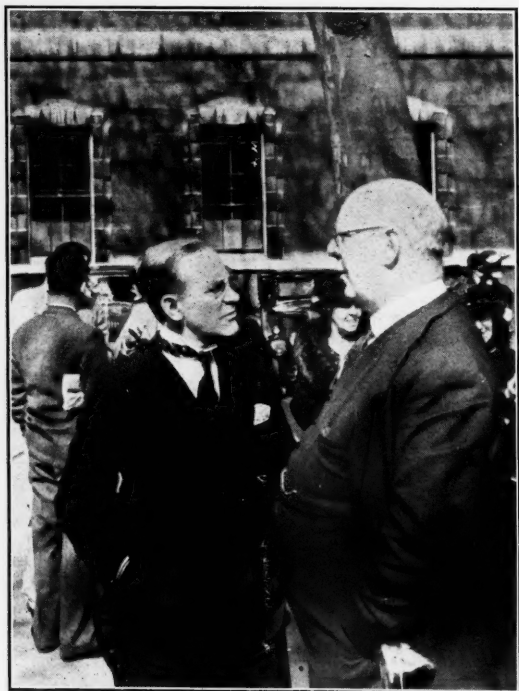
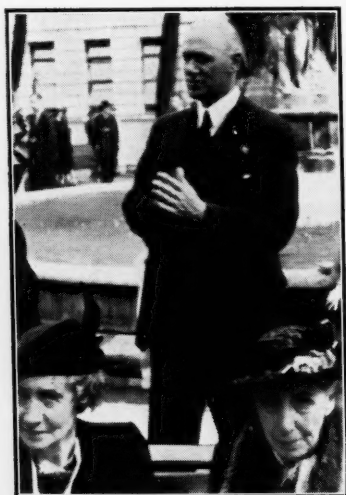
Time it is, therefore, to substitute for this limbo of false dreams, a sport which inculcates in the followers a right spirit of superiority, unscrupulousness and destruction. Propagate fox hunting throughout the country; let everyone, old and young, rich and poor, experience the joys of chasing and killing the defenceless fox, and let everyone be blooded at each and every kill. Horses, bicycles or bath chairs may be matched with foxes, guinea pigs or tortoises, provided no possible means of escape be allowed for the victim. Both sexes must indulge together in the new sport to encourage that feeling of competition and strife so wrongfully suppressed in Cricket.

And what of the discarded game? Is it to be buried for ever? Decidedly no. Transport it to Germany and firmly implant the disease there. Let the President of the M.C.C. bowl long hops and full tosses to Hitler, encourage him in every way, and later award him his half-colours. And finally, when Adolf is concentrating hard to equal W.G.'s record of centuries, the plans for the protective invasion of another neutral will be met with a slight cough, an attempted curling of his moustache and the sharp rebuff, "Gad, no sir; it's not Cricket!"

J. T. H.

CANDID CAMERA

Extracts from the recently published book.



"Who's been at my Eno's."

Obtainable from the Manager of the Journal, St. Bartholomew's Hospital, E.C.1.

Price 2/- (Post Free 2/2d.)

"HYPERPYREXIA"

IN the course of surgical dressing at Hill End Hospital during the past few months, I came across a case that was perhaps a little out of the ordinary.

The patient was a soldier, aged 25; he gave a reasonable history, having come in on a convoy from France, complaining of a pain in the right loin. He first noticed this two weeks previously when, during a spell of guard-duty up near the front line, he suddenly felt a stabbing pain in his right loin, which left him incapable of movement. The pain was continuous, and he later described it as "darting." He was admitted to a base hospital, and there the pain increased in severity but once asleep it did not awaken him.

No nausea, vomiting, constipation, diarrhoea, hæmaturia or any other symptoms were complained of, except general weakness.

He was examined soon after admission to Hill End, when marked hyperæsthesia over the whole abdomen was exhibited, and the muscles "guarded" on touching the skin. There was great tenderness in the right loin but no redness or swelling; rectal examination was negative; the patient was running a slight fever.

A diagnosis was not immediately arrived at, and in the meantime he was kept under observation.

The first time our suspicions were aroused was when one morning he complained of a pain, continuous and gnawing in character, at the base of his bladder. Another rectal examination was made, and

there appeared to be excessive tenderness around and inside the orifice—so much so that he nearly jumped out of bed at the first attempt. The prostate was extremely tender, but was otherwise quite normal. Now this was the second time that he had pain unaccompanied by any other signs or symptoms, and when the following morning the nurse took his temperature, she was startled to find that it read 108 degs. F. This caused considerable consternation in the ward, but the patient didn't show any signs of an acute fever, and when his temperature was taken later in the day it read 99.6 degs. F., which approximated to the temperature he had been running for several days.

However, the next morning the nurse was again startled to find that this time the mercury had risen right to the very end of the tube, somewhere above 110 degs. F.

Again the patient showed no signs of a high fever, and this is where he miscalculated badly. He had been pretty "cute" in squeezing the mercury up the tube, but he had quite forgotten or else was ignorant of the fact that even an increase of a few degrees in body temperature cause a considerable alteration both in the patient's appearance and his condition.

It was now realised that our friend no longer served any useful purpose by remaining in the hospital, and after being reprimanded for having irreparably damaged two government thermometers, he was discharged, his "pains" having disappeared as if by magic.

G. E. F.

EDITOR'S NOTES

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

THE DIFFICULTIES OF BEING PATRIOTIC

By R. A. MASSINGHAM

WE have fallen foul of the men of Bart.'s. A long and carefully won friendship is over. Perhaps, friendship is too strong a word. It would be presumption on our part to suggest that men from Bart.'s could be "friends" with humble folk from Islington. There never could be equality between Smithfield and the Angel. There is, after all, a difference between cheese and chalk. The feeling of the white man for the backward natives of an African swamp would be nearer the mark. Such as it was, we treasured it as something very worth while. Now it is all finished.

It all happened like this. On a bright and deliciously warm morning in early July, we looked out on the flower beds just below our window. They were aglow with colour and heavy with scent. Their beauty was so enveloping that, for the moment, we forgot the hurry and urgency of the road just beyond our gates. We even forgot the war. Nothing seemed to matter except the irresponsible gaiety of those flower beds. At that moment a balloon rose slowly above the house tops and floated menacingly into the sky. It destroyed that snatch of happiness and recalled the wailing of the sirens of the night before with their message of coming disasters. The spell was over.

The colour and gaiety lost all meaning. It seemed just thoughtless, unpatriotic exhibitionism. Those flowers were probably fifth columnists. But as we looked down, the beds, film-like, slowly dissolved into a clean stretch of brown earth and from its goodness came carrots, onions, potatoes and lettuces, each **trying** to outdo the other. The zeal of those sprouting vegetables sealed, once and for all, the fate of those pretentious beauties. We would humble their pride. Carrots not roses, onions not violas, potatoes not antirrhinums, would be our answer to Hitler. In a moment we were at our uprooting, and those flower beds, but a second ago alive with colour, were bare and ready for sterner stuff.

The work did not take long, and the effort, judged by world standards to-day, was small enough. But, in our humble way, we thrilled with patriotic pride as we

looked down on the good earth now ready to do its bit in the struggle ahead. In our simple hearts we felt we were hammering a further nail into the coffin of the Hun. For the first time in many weeks we felt really happy.

At that moment, the men of Bart.'s passed by on their way to Smithfield for the daily round. Perhaps it was the soft sunny morning or, possibly, that good brown earth that made those men of Bart.'s look even nobler than usual. Our hearts warmed to them. Now, we have an old custom in these parts of wishing our friends a good morning as they pass. The men of Bart.'s have always respected that custom. The salutations have always been most friendly on their side, and, naturally, most respectful on ours. We have never knowingly over-stepped the mark. The second gardener never forgets his position when he meets the village squire.

On this morning of mornings we hailed the men of Bart.'s with particular warmth, but there was no answering call. They ignored us and our good morning and stared down at those empty flower beds. Astonishment deepened into horror as the full meaning of the change became clear to them. They gazed and gazed at the emptiness beneath them. It took a moment or two for complete realisation, and then, without a word, without even a look, all but one passed on their way out of the gates and on to Smithfield.

They say that the unexpectedness of life is one of its greatest charms. Success can follow disaster without warning and often without meaning. Unfortunately, it cuts both ways, as we only too well realised on that fine July morning. We thought of the friendly sunshine and the vision we had had. Then we thought of the injustice of these men's attitude. After all, we had planted those flowers that, so lately, cheered our hearts as well as theirs. It was harder for us to see all that colour go. It was a heavy decision to take. Patriotism had been the only motive. We felt that the carrot would serve the country more successfully than the lily, and that the onion would help us to victory more speedily than the aesthetically-minded rose.

One of the men from Smithfield stayed behind. He, too, was staring at the beds and sucking vigorously, as is often his wont, at his empty pipe. He seems to derive some inner strength from air unflavoured by tobacco smoke. This morning he was pulling rather harder than usual at nothing. From time to time he shook his head in deep sorrow—his soul plainly in great pain.

We have always had a particular regard for this tall aesthetic-looking man from Bart's. His charming diffidence, and, at times, disarming inconsequence has always made a special appeal. There are many aspects to his many-sided character. We have watched over him, prostrate from an attack of influenza caught while sleeping, one pouringly wet night, under a hedge in the Cotswolds. We have seen him, full of life and enthusiasm, smash a tennis ball right out of the Hospital grounds. We have watched him dancing, making a speech, at work and at play—a most interestingly arresting character. Our most treasured recollection of him, perhaps, was in the very early hours of New Year's morning, 1940. We remember his exhortations for the future. With his head in the coal bucket, he shouted his heartiest greetings. Some might have mistaken his meaning. His choice of expression might have misled others. To those who knew him his words bore the unmistakable ring of friendliness. Strangely sounding, but strangely comforting.

It was, therefore, with special heaviness that we watched his torment. He was being unjust but we could understand the wanderings of his mind. He was, unquestionably, condemning us as clods with no appreciation of beauty and, certainly, no feeling for the higher life. Even if we were inferior beings, he was finding it very difficult to understand this complete subjugation of the soul to the belly. Great as was his feeling of disgust, it was as nothing com-

pared with his sense of disappointment. He had always believed in us. While others continued to look upon us as a bunch of dagoes, he always maintained there was goodness somewhere, difficult as it was to find. He believed he could instil some sense of decency in us. Well, he had been wrong.

We were puzzled. With a fairness rarely found in backward peoples we tried to fathom the real reason for this attitude. Outraged as their sense of beauty undoubtedly was, we somehow felt that they were being a bit extreme in the defence of æstheticism. We don't suggest they were trying to pull a quick one on us or that they were being entirely hypocritical. But the indisputable fact remained that on all other occasions their patriotism had always come first. Love of beauty had previously run a poor second to love of country. Why not this time? We didn't challenge their patriotism. But, what was the true explanation? We puzzled over it the whole of that day, and it only came to us over a mild and bitter just before closing time. It was perfectly clear. It wasn't the going of the flowers that was disturbing their late morning's rest, but the coming of the vegetables. If it had been pigs and not carrots they would have slept on. But, VEGE-TABLES! These men from Smithfield had lived too long in an atmosphere of red joints, succulent steaks, halves of mutton, kidneys in their fat, pig's trotters and the like. We had forgotten that they had always regarded the two veg. as an intrusion on their plate of roast and Yorkshire. We have known good healthy meat-eaters who looked upon the carrot as indispensable to a plate of boiled beef. Not so the men of Bart's. It must be flesh always, and underdone if possible. Covent Garden might be all right for opera but for nothing else. In all humility, we might say that their appetites had become a little jaded by over coarse feeding. Quite humbly again, we might say they were — but that's another story.

A RULE OF LIFE FROM "THE METHOD AND MEANS OF ENJOYING HEALTH, VIGOUR AND LONG LIFE."

By EVERARD MAYNWARINGE, M.D. (1683).

Keep the body *soluble*; your Head will be more free from *pains, fumes, and heaviness*: Also the lower Region of the Body will not so frequently be disturbed with *flatulent rumblings, distention and windy eruptions*.

Cherish *Sleep*; it refresheth the spirits, pacifies a troubled mind, banisheth cares, and strengthens all the faculties; but *tiresome waking* in the night is a great Enemy to a melancholy person.

Fly Idleness, the Nurse of Melancholy; but exercise often, and follow business, or recreation.

Walk in the green *Fields, Orchards, Gardens, Parks, by Rivers*, and variety of places.

Change of *Air* is very good.

Avoid solitariness, and keep *merry* Company.

Be frequent at *Musick, Sports* and *Games*.

Recreate the spirits with *sweet, fragrant and delightful* smells.

Banish all passions as much as in you lies; *fear, grief, despair, revenge, desire, jealousy*, and such like.

Give not yourself to much *study*, nor *night-watchings*; two great Enemies to a melancholy person.

Refrain *Tabacco*, though a seeming pleasant Companion; the *phancy* is pleased but for a *short time*; and the ill effects are *durable*.

Everard Maynwaring, 1630-1699, a Physician, was M.D. of Dublin. He practised in London, and condemned violent purging and blood-letting. He was in charge of the Middlesex pest-house during the Great Plague. The book from which this extract is taken was written "in his Study in the Inner Temple, November, 1682," and is dedicated to the Lords & Judges, the Treasurer & Masters of the Bench & the rest of the Members of the Inner Temple.

EXCERPTS

POLLUTION OF A CREEK—POOR OUTLOOK

... The Harbour Master at this juncture produced a jar of particularly vile foetal matter which he stated could be collected in buckets-full from the backwater after a storm.

Local Paper.

* * *

INQUIRY INTO CONTRACTS

A Select Committee has been appointed to report on National Expenditure of improper commissions on contracts for beds for evacuees.

News Chronicle.

* * *

NEW COMPLAINT

Patient complains of passing white of egg in his water.

Heard in a ward.

BRIGHTER NEUROLOGY

Physician: Now is this pin sharp or blunt?

Patient: I should have thought you could have determined that for yourself.

Heard at Hospital for

Nervous Diseases.

* * *

Physician: Now what am I doing to your big toe?

Patient: I think you're just —ing it about.

Heard at Hill End.

* * *

Physician: Now will you show me your teeth?

Patient: Sorry, I can't do that, they're upstairs.

Heard at Hospital for

Nervous Diseases.

THAT MAN AGAIN

The other day I received a rather odd communication purporting to come from a friendly alien who had observed the Fifth Column at its worst; it was not long however before I had divined the identity of this menace to the Hospital's integrity, and, for what it is worth I give his letter in full. I hope that you too will be able to recognise the perpetrator of this dastardly attempt to undermine the charming customs which appear to mean so much in the Hospital.

Respected Sir,

For many days am I watching your Hospital, and to-morrow must will the pen to pepper put warning you of perilousness. Honoured sir, please to believe. I see now the Fifth Columns for many weeks abroad warking and yesterday am telled by a gemutuals freund "If you will to St. Bart go there you will see the Columns and even some Columbines"; well Sir, I watsch and I have terror, yes me.

Your columnists have come seeking destroy of morale, destroy Britische charactern, commonscivilities, politness to the Herr Doktors, good decencys to patients and likewise. They say "if we behave like the feelthy schweinhunds, we forget manners and morals, maybe even we manage as bad as Wops, then are the Englisch doktors beatn."

Sir, I am to your Surgeons Outenpatients

gone disguised as a hydrocoel—first I think I am in the Konzentrationslager got, then I see your Fifth Columnists—they talk for drowning the Herr Doktor, they ask your Damfool questions for confusing, they make click the cameras from the frontrow and from the backrow pusch—it is tarrible.

Later I am on a Medikalsround gone also this is tarrible. I am think if the Fifth Columns are any more lacksundasikal, or less attendance to the Herr Doktor make, they will get next into the spare beds and quietly to sleep will go.

Lastingly Sir I am get to the lectures-room for hearing the so grand Herr Rectumsdoktor, and there see the most tarrible of all, the feurher of frightfulness from der Outenpatients, who now in the mittlefront sits und Bally und Libe reads never uplooking once for all the lecture. The Herr Rectumsdoktor und all the Britische are much unmoralled—it is tarrible.

Why will you not do something before it is later, but perhaps your great fountain is now even in the summer froze—yes?

Much respects and hopes you will advice taking.

HANS BINDLESHMERTZ.

The nerve of the man—still we must be fair and admit that there's something in what he says.

CORTEZ.

ARMOUR

ON June 26th the Royal Society of Medicine was treated to a discussion which was stimulated by **Mr. Kenneth Walker's** interesting paper on Protection of the Soldier in Warfare. Mr. Walker had noticed in the last war that many deaths were caused by small missiles tearing the great vessels of the chest and heart. The soldier's head was protected by a steel helmet, and he saw no reason why this principle should not be extended to the thorax. The old objection, that armour was too heavy, no longer held good, since the modern soldier did not march, and, furthermore, suitable light materials (such

as compressed canvas and bakelite) were available.

Recent investigations showed that about 33 per cent. of the dead were wounded in the chest, and that about 60 per cent. of cases at a C.C.S. were wounded by missiles other than the bullet. Mr. Walker had submitted to the War Office a jerkin composed of laminated steel segments, which would stop projectiles of low and medium velocity. The weight was 14 lbs. He had spent the last three months in and out of Government offices, with some effect at the Air Ministry but none whatever at the War Office.

Sir Richard Cruise pointed out that he had advocated protection for the eyes since 1917.

Sir Harold Gillies was full of new ideas, including extra windscreening on vehicles and machines.

Major W. E. Underwood stated, by proxy, that many wounds in this war were due to projectiles of low and medium velocity.

Colonel Max Page said the soldier's burden must not be increased, and that the Germans were not using armour.

Mr. T. B. Layton was of opinion that something weighing 2 oz. would probably pass the authorities.

Surgeon Rear-Admiral Gordon-Taylor backed Mr. Walker and Sir Richard Cruise, while

Sir Thomas Dunhill said the choice lay between protection and manoeuvrability.

After sundry other speakers, Mr. Walker concluded by proposing two resolutions, one calling for closer collaboration between the medical profession and the defence ministries to consider this problem, and the other recommending the Society to appoint a special committee for this purpose. Both resolutions were carried unanimously.

CORRESPONDENCE

LOUIS BATHE RAWLING

To the Editor, St. Bartholomew's Hospital Journal
Sir,

May I pay a tribute to the memory of Mr. Rawling. While a dresser to the "firm" of which Mr. Rawling was Assistant Surgeon, I had occasion to bring to Mr. Rawling my mother's dressmaker, who had fallen and sustained a Colles fracture. She had been treated in another London hospital and apparently had retained splints far too long—five weeks or so—with the result that adhesions had made her wrist and fingers practically useless, which was a most serious matter for one in her position, as it prevented her earning her living. The personal attention that Mr. Rawling gave to this rather tedious hospital case, his trouble over it, and his kindness to the patient were an eye opener to me, and a real education in the humanities. It was for that quality—that real goodness of heart—that all of us who knew "L.B." loved him. He has passed on, but his example remains.

Yours truly,

N. N. KING.

Lieut.-Colonel C.I.E., I.M.S. (ret.)

Fairlawn,
Beaconsfield.
July 6th, 1940.

N.U.S.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

The recent correspondence concerning the National Union of Students had hitherto roused little emotion in me except perhaps that of amusement. Mr. Bailey's reference to the people whose

names he hesitated to mention, I merely passed over with the thought that here was no difficult guesswork. But Mr. Weitzman's letter altered my ideas and also taught me a lesson; it taught me with even more emphasis than ever the value of accurate and well-chosen English usage, as opposed to the danger of misarranged and careless words. In his letter, Mr. Weitzman said that he represented "the thirty-odd students stationed at the Royal Northern Hospital." (Please do not again use that word 'odd' to denote a number; and how lucky, Mr. Editor, you failed to omit the hyphen! It is this incorrect use of the definite article which I take as my excuse for bursting into correspondence; it implies that *all* the students stationed at the Royal Northern Hospital were represented by Mr. Weitzman. I should like to point out that this is totally wrong. I know of six (out of the total of about thirty-five) who had definitely no desire to be associated with the N.U.S. or any of its machinations. I well remember the fuss and bother in the Common Room in our billets in the Holloway Road while the N.U.S. was discussed. It was a discussion difficult to avoid without retiring to one's bedroom; the only item that did not seem to raise much dispute was the name of the ambassador. I think that Mr. Weitzman will remember that these six had no more objection than was compatible with good manners to his going on his mission on condition that their names were not associated with it in any way whatsoever.

I am, Sir,

Yours faithfully,

TOM ROWNTREE.

St. Bartholomew's Hospital,
E.C.1.

(This correspondence is now closed.)

HILL END NEWS

CRICKET AT HILL END

M. H. Gilbertson's XI. v. J. Westwood's XI.
9th June, 1940.

This was an enjoyable game, the teams for which were picked at short notice when our official opponents failed to turn up. Batting first, Gilbertson's XI. were doing well with 83 for 4 on the board, when Vincent's landlord's son, K. Embleton, produced a collapse, and the eventual total was 115 for 9 dec. Rain prevented Westwood's XI. from scoring the extra 22 runs they would almost certainly have made

M. H. Gilbertson's XI.

A. D. McShine, b Gallimore ...	23	L. E. Burkeman, b Embleton ...	1
S. R. Hewitt, b Gallimore ...	13	A. R. James, b Embleton ...	9
S. J. T. Merryfield, b Embleton ...	21	J. D'Silva, not out ...	1
M. H. M. Gilbertson, b Embleton ...	10	J. M. Reese, c Picton, b Bartlett ...	1
J. K. Mason, lbw, b Embleton ...	19	C. E. Tudor, not out ...	4
S. Embleton, run out ...	4	Extras ...	9
			Total (for 9 dec.) 115

J. Westwood's XI.

D. Bartlett, c		J. Westwood, not	
Embleton, b		out	8
Merryfield ...	16	A. G. Richards, not	
G. H. Wells-Cole, ct		out	1
Hewitt, b Merry-		W. O. Attlee	
field	2	H. Vincent	
A. J. Gray, run out	0	C. Longman	
J. O. Gallimore, b		K. R. Embleton	
Tudor	41	Did not bat	
E. C. Picton, c		Extras	18
Gilbertson, b Tudor	6		—
		Total (for 5) ...	94

Hill End C.C. v. Herts County Council C.C.
June 15th.

A sporting declaration by the opposition enabled us to pass their total with three wickets in hand. Taylor had a good day, taking 3 wickets for 18, and scoring 25, and Gallimore hit hard and often for 62.

Hill End

D. Bartlett, ct		S. R. Hewitt, b	
Chessum, b Rose	5	Finch	0
G. H. Wells-Cole, ct		F. J. Taylor, b	
b Long	3	Long	25
A. D. Macshine,		M. H. Gilbertson,	
c Richardson, b		not out	1
Long	0	F. C. R. Picton, b	
J. O. Gallimore, b		Long	0
Long	62	G. J. Merryfield,	
C. E. Tudor, lbw,		did not bat ...	—
b Rose	0	Extras	11
G. B. Goodchild, c			
Grigg, b Finch...	22	Total (for 9) ...	129

Herts—123 for 9 dec.

Hill End v. Thorndale C.C. July 7th, 1940.

Owing to a certain lack of co-operation between past and present secretaries, the first intimation of this match was when their team arrived at 12.0 in the morning. G. E. Hicks, Esq., by searching in appropriate places, quickly raised a team, breaking up in the process what appeared to be a very promising session. Gallimore by taking 5 for 62, and nursing the bowling when it was our turn to bat, forced a draw on a superior team.

Hill End.

S. R. Hewitt, b Prentice	6	J. P. Stephens, ct Prentice, b Huxley ...	9
A. J. Gray, b Green	0	C. W. Manning, run out	0
J. O. Gallimore, not out	41	G. E. Hicks, not out	0
J. A. Attwill, st Christen, b Green	7	R. J. Bower L. Kingdom	
J. K. Mason, b Prentice	0	Did not bat Extras	4
L. Grunbaum, c Smith, b Prentice	0	Total (for 7)...	67

Thorndale—146 for 9 dec.

Hill End v. Shenley Hospital. July 13th, 1940.

Yet a third time were we defeated by the wagging tail of our opponents. As Gallimore was 18 short of the 50, we have come to expect from him, we were all out for 105, though Pearce and Mason showed some interesting cricket in adding 19 for the eighth wicket. Inability to play the slow bowling of Attwill and the almost stationary bowling of Gray, caused a partial collapse, but our total was eventually passed with 2 wickets in hand. Attwill bowled unchanged throughout to take 4 for 25.

Hill End.

A. J. Gray, b Holcroft ...	8	R. B. McGrigor, b Gledhill ...	5
G. H. Wells-Cole, b Holcroft ...	6	J. K. Mason, run out ...	7
J. O. Gallimore, ct Greenhough, b Gledhill ...	32	J. A. Attwill, ct Greenhough, b Brown ...	0
A. D. Macshine, ct Gledhill, M., b Gledhill, T. ...	13	A. G. E. Pearce, ct Grey, b Wood- cock ...	13
S. R. Hewitt, ct Gledhill, M., b Holcroft ...	4	G. B. Badock, not out ...	0
C. E. Tudor, run out ...	8	Extras ...	9
		Total ...	105

Shenley—108 for 9.

A. J. G.

Hill End v. St. Michael's C.C. 16th June.

In spite of a good opening stand between Bartlett, who was unlucky not to carry his bat, and Wells-Cole, followed later by some good defensive batting by Gilbertson, we were all out for 111. This total, regrettably enough, was passed by the

opposition with eight wickets in hand. The remark "Gilbertson unfair to wicket-keeper" was freely heard when it was discovered that he was the only person who had not been asked to bowl.

Hill End C.C.

D. Bartlett, c	M. H. Gilbertson,	
Clifton, b Funnel	57 b Funnel ...	7
G. H. Wells-Cole,	C. P. Perkins, b	
b Clifton ...	20 Funnel ...	0
A. D. Macshine, b	F. C. R. Picton, b	
Clifton ...	0 Prior ...	6
C. E. Tudor, st	N. A. Campbell, b	
Pearce, b Prior...	2 Prior ...	3
G. B. Goodchild, c	S. J. T. Merryfield,	
Pearce, b Prior...	1 not out ...	3
F. J. Taylor, b Prior	0 Extras ...	12

Total ... 111

St. Michael's—173 for 6.

Hill End v. Local Taxation Office C.C. 22nd June.

Good bowling, especially by Bartlett, enabled us to dismiss our opponents for 62, Bartlett's analysis being 4 for 22. Thanks to Gallimore and Wells-Cole, we had no difficulty in registering an excellent win, in spite of a bad start—2 wickets down for 2.

Hill End C.C.

Bartlett, c New-	Taylor	
bolt, b Hinde ...	1 Gilbertson	
Wells-Cole, c Brookes,	D'Silva	
b Scarlett ...	24 Campbell	
Macshine, b Hinde	0 Merryfield	
Gallimore, not out	31 Did not bat	
Goodchild, b Hinde	1 Extras ...	4
Tudor, not out ...	7	—

Total (for 4) ... 68

L.T. Office C.C.—62.

Hill End Hospital v. Cell Barnes Colony. June 26th.

This exciting game ended justly in a draw. In 2 hours 10 minutes C.B. Colony scored 166 for 3, when they declared, leaving Hill End an hour and forty-five minutes. With three minutes to go, Gilbertson came in when we wanted 16 to win. As the batsmen had crossed at the fall of the previous wicket, Gallimore scored a 2 and a 3 off the next two balls; Gilbertson swung and missed, swung and connected (4 runs), swung and was caught, and the game was drawn. Most exciting, I repeat.

Hill End.

Bartlett, lbw Reynolds	R. M. Mason	
... 20	Picton	
Macshine, b Merry-	D'Silva	
field ... 5	Perkins	
Gallimore, not out	61 Cotton	

Tudor, b Norker ...	38	Did not bat
Hewitt, ct Oughton,		Extras ... 16
b Jackson ...	16	—
Gilbertson, ct Reynolds,		Total (for 5) ... 160
b Jackson ...	4	

Cell Barnes Colony—166 for 3 dec.

Hill End v. St. Michael's C.C. June 29th.

Playing for the first time under our new captain, Gallimore, we were in some ways unfortunate not to win this game. Keen bowling by Taylor (4 for 22), and Bartlett (4 for 33), caused 9 St. Michael's wickets to fall for 81; the last pair, however, added 23, a stand which was to prove our undoing.

Shortness of time, too, was partly responsible for the abandon with which our last four wickets fell.

Hill End.

Bartlett, ct Wiggs,	Gray, b Sedgwick...	10
b Turner ...	5 Tudor, ct Pearce,	
Wells-Cole, lbw, b	b Sedgwick ...	0
Turner ...	30 Mason, K., lbw	
Macshine, b Turner	4 Turner ...	0
Gallimore, b Turner	12 McGrigor, b Sedg-	
Goodchild, ct	wick ...	6
Hodges, b Biles...	13 Stephens, not out...	0
Taylor, c and b	Extras ...	8
Turner ...	0	—

88

St. Michael's C.C.—104.

Hill End v. Cell Barnes. July 3rd, 1940.

Once again a last wicket stand led to our defeat. Apart from Gallimore's 41, the runs were fairly evenly distributed among the rest to give us a total of 150. When Cell Barnes went in, their opening batsman put them in a good position (79 for 1). It was left to Gray and Attwill making their long-awaited (by Gray and Attwill) debut to give us a fighting chance (132 for 9). Badock by big hitting, however, won the match for them.

Hill End.

C. E. Tudor, ct	J. C. Macaulay, ct	
Reynolds, b Jack-	Reynolds, b Jack-	
son ... 13	son ...	15
A. J. Gray, ct	J. K. Mason, ct	
Windmill, b	Reynolds, b	
Jackson ... 15	Jackson ...	12
J. O. Gallimore, ct	H. H. Bentall, lbw	
Jackson, b	Jackson ...	6
Oughton ... 41	V. P. Stephens, ct	
R. B. McGrigor, b	Ketley, b Jackson	0
Oughton ... 20	G. E. Hicks, not	
J. A. Attwill, b	out ...	0
Oughton ... 1	Extras ...	20
H. L'Etang, b		—
Norker ... 7	Total ...	150

Cell Barnes—154.

TENNIS AT HILL END

"Those were the days." How often does one hear that said nowadays? Perhaps they were, but there are advantages in these not being the days.

There was no Wimbledon tournament this year, and no longer does one walk on to the court with a vision of Budge's second service in one's mind's eye—the thought that it is ten times as fast as one's own first service which never goes in anyway, not since last Tuesday week, as far as one can remember; no longer does one compare one's partner's forehand with that of Kay Stammers; and no longer does one have to take three rackets,

all bound up with white tape, on to the court to impress one's opponents. The world knows that there was no tournament at Wimbledon; perhaps it doesn't know, or care, that at Hill End we have not had a tournament either. Instead, we have played tennis for pleasure, and have been lucky in having the weather and the courts. If one can't afford new balls and must perforce use the same old ones time and again—what matter? It is still the pleasantest and one of the most efficient ways of building up a thirst.

R. M. M.

GRAMOPHONE SECTION

At the end of June a powerful new electric gramophone was permanently installed in the Reception Hall at Hill End. It has thus been possible for the Gramophone Society once more to resume the activities which it started last winter, but was forced to abandon at the end of March, when its founder returned with his gramophone to Bart's.

As before, evening concerts are held twice weekly, on Sundays and in the middle of the week. At the former, short popular works are performed, while the mid-week concerts are devoted to symphonies or concertos. This is done in an attempt to satisfy those who prefer light music and opera as well as those whose tastes are more serious.

The audience usually numbers fully fifty people, and although a large proportion of these seems to attend for purposes of conversation, reading novels, or completing various articles of knitted wear, it is encouraging to note that a few also come, apparently, to listen to the music.

In addition to concerts, the Society has also held two gramophone dances, activities which serve considerably to enliven the atmosphere at the Hospital.

It will not be out of place in concluding to take this opportunity of thanking all those who have been so kind as to lend records to the Society, both for concerts and for dancing.

A. G. H.

SPORTS NEWS

TENNIS CLUB

v. Balliol College, Oxford. Won 9-0.

After last year's defeat it was with a certain amount of trepidation that we set forth for Oxford and the news that two of their team were away playing against Cambridge was received with protestations of regret more enthusiastic than sincere. Such fears, as it turned out, were unfounded, and the surprising result of 9-0 in our favours, severely shook our confidence in our ability to play the game brilliantly without actually winning. However, several sets managed to get themselves lost, through, of course, no fault of ours, and the standard of tennis was eminently suited to a hot Saturday afternoon.

TEAM—1st Pair. R. Marrett.

D. Currie.

2nd Pair. J. D. Loughborough.

J. Stephens.

3rd Pair. J. Slowe.

D. Kelsey.

SWIMMING CLUB

Bart's v. Bishop Stortford College

On Wednesday, July 10th, a Bart's team travelled to Bishop Stortford, and beat the College swimming team, winning first place in every race. In the water-polo which followed, owing to lack of training and the most atrocious marking, we lost to a team which played together and deserved its victory.

The first race was the 100 yds., which was won by T. Coates, with C. R. P. Sheen a close second, and this was followed by a win in the 50 yds. by J. A. Smith. The diving, which supplied an interval in the racing, was most closely contested, and L. A. MacAfee just lost the verdict by one point, gaining his revenge in the 50 yds. breast-stroke when he won by a touch from an opponent who exploited the recently legalised "butterfly" stroke; R. L. Hall gained third place. The final event was a 4 x 25 yds. relay, which we won by about half a length, giving us the match by 23 pts. to 8.

The water-polo match was a very different story. The Bart's team seemed to lack any sort of cohesion, and the marking was so bad that the two backs were frequently left to try and deal with three forwards, and Stortford opened the scoring with a close shot that gave Sheen little chance. Pearce equalised a few minutes later with the only Bart's goal of the match. For the rest of the first half Stortford pressed, and were repulsed by the backs, and half time came with the score 1-1. In the second half, the marking was, if anything, worse, and by taking advantage of this, the College team started throwing in some long shots, one of which eventually scored. After a great deal of very ragged play, the College centre forward was allowed to swim through unmarked and, on reaching the backs, put in a shot which almost burst the net, and gave them the victory by 3 goals to one.

TEAM—C. R. P. Sheen; J. A. Smith, R. Orr-Hughes; T. Coates, L. A. MacAfee, W. Pearce, I. E. D. MacLean.

Two other matches have been played against the men of Chelsea barracks, and although we are rather strong in the swimming side, the fixture has resulted in two well fought water polo matches of a fairly high standard, both of which we won by a narrow margin.

SAILING CLUB REVIEW

This season the heavy shadow of the Admiralty fell upon the Sailing Club at Burnham-on-Crouch. The Barge, "Harry," was requisitioned by cadets billeted in the Royal Corinthian Club, as being suitable for their band practise. The whaler was also taken under Admiralty control.

Because of the restrictions at Burnham, the difficulty of transport and the difficulty of getting leave, it was decided that the club should move to the Thames to accept the hospitality of the London Corinthian Sailing Club. Accordingly, the majority of the dinghies were brought to Hammersmith.

When it was discovered that the Thames is rich with colour, fair winds, and excellent old-worldly hostelries, sailing rapidly became a popular pastime. Races were conducted against Oxford, and also against the London Corinthian Sailing Club.

Fair promise was held for a good season until, on July 9th, sailing was prohibited below Barnes Bridge. Members will be glad to learn that efforts are being made to move the boats further upstream.

I. E. D. M.

NEW BOOKS

Wide Field X-ray Treatment: S. Gilbert Scott.
(Newnes, 8/6.)

Under the patronage of the Nuffield Wide Field X-ray Research, Dr. Gilbert Scott has published the results of his work over a period of twenty years with low-voltage medium-wave X-rays. Experiments with animals having shown that a small dosage of X-rays to the whole body resulted in maintenance of health, increased resistance to artificially induced tumours and a general increase in weight, Dr. Gilbert Scott felt justified in using the same treatment as a routine on patients in the London Hospital, with the intention of preventing the growth and spread of secondary deposits after destruction of the primary tumour by deep X-ray. The results were consistent with those of animal experiment, with the addition that the general condition of the patient was considerably improved.

Since 1933 the technique has been applied to various other conditions—asthma, local sepsis, rheumatic spondylitis, blood and lymphatic diseases, endocrine disorders, and, finally, indefinite general ill-health with an absence of objective signs. In all these conditions, Dr. Gilbert Scott claims to have had good results, as shown by the cure or improvement of the patient. A differential sedimentation test, based on the work of Bendien, was used as the index of dosage in individual cases, and in all improvement was accompanied by a characteristic change in the sedimentation curve which then approximated to the normal.

As an explanation of the results obtained and of the altered sedimentation curve the author suggests that the treatment causes an increase in general resistance, which may be due to improvement of the co-ordinated function of the whole complex of secreting glands: this is, however, almost entirely without experimental proof.

The chief purpose of this book is to draw the attention of radiologists to the possibilities of wide field X-ray treatment, and Dr. Gilbert Scott has shown clearly the many directions in which further research is needed. The subject is of particular interest from the point of view of prophylaxis: assuming a reliable method of assessing the general susceptibility of a person to disease, a preventative course of wide field X-ray treatment may well play an important part in preventative medicine of the future.

Royal Northern Operative Surgery

By the Surgical Staff of the Royal Northern Hospital (H. K. Lewis, Price 42/-)

The appearance of new textbooks of surgery and medicine often occasions regrets—swelling as they do the medical literature and adding to the difficulties of the student searching for the "best book." The purpose of the authors of the Royal Northern Operative Surgery is to create "a live surgery to help and refresh the practising surgeon." One is not entirely satisfied that this end is attained.

The book is well produced, the print being a pleasure to read and the illustrations, both photographic and drawn, are excellent. As regards the subject matter, one's first criticism is that in spite of its quite large size, the volume is by no means a complete system of operative surgery, so that the young surgeon may be disappointed to find that the very procedure on which he requires immediate information is not described—e.g., injuries to the upper abdominal viscera.

Some of the chapters are of outstanding merit. That dealing with urology is an example. So also is the orthopaedic section. Others are poor—or so incomplete that they would better have been omitted, e.g., the sections dealing with the head and the spine.

The value of a text book of this type is, on the whole, open to question. The two chief functions which it might perform are first to act as a work of reference on operative surgery, and secondly, to aid the young surgeon by containing all the information which he may need for the performance of emergency operations. The book fulfills neither of these functions, not being sufficiently complete for the former, nor dealing adequately with emergency procedures for the latter.

* * *

Landmarks and Surface Markings of the Human Body. By L. Bathe Rawling. 8th Edition.
(H. K. Lewis, Price 8s. 6d.)

The eighth edition of this famous classic had just been completed before Mr. Bathe Rawling died. It differs from its predecessors mainly in that the British Revision of the B.N.A. Terminology is adopted, although Mr. Rawling has "compromised in the case of some older terms which are classical, or which still retain their place in surgical descriptions." Beautifully illustrated and clearly written, it is an ideal handbook for those studying for an Anatomy examination, an excellent reference book for everybody at all stages in their career, and finally, for all Bart's men, a small reminder of the man.

Clinical Practice in Infectious Diseases. By E. H. R. Harries and M. Mitman. (E. & S. Livingstone. Price 17s. 6d.)

There has of recent years been undoubted need for an up-to-date and complete textbook of infectious fevers and their relation to Public Health. This volume is of necessity a trifle full for the ordinary student, but is so attractively written and set out that it is far easier to read than the many shorter and more scrappy books on the same subject from which only about a fifth as much is to be learnt. The rather cheap summaries at the end of each chapter are inclined to remind the reader of those examination-conscious traves-ties. Treatment and prophylaxis are rightly the most prominent features of this work, which is one of the few really important new books that have been published since the war.

* * *

Green's Manual of Pathology. Revised by H. W. C. Vines. 16th edition. (Baillière Tindall and Cox. Price 31s. 6d.)

For some quite unknown reason, most people think that a good text-book of Pathology must of

necessity have hailed from across the Atlantic. It comes, therefore, as somewhat of a surprise to find that after all there is a perfectly good English textbook on the subject, which has been going for a very long time, but of which extraordinarily little seems to be known by the ordinary person. And very good English this book is, too, the choice of phrase and manner of expression—quite apart from the excellent illustrations—making it one of the most readable, though not one of the most complete, Pathology books in existence.

Common Skin Diseases. By A. C. Roxburgh. Fifth Edition (H. K. Lewis & Co. Price 15s.)

A new edition of Dr. Roxburgh's book is always welcome, and this one—which we must apologise for being a little late in reviewing—has been brought into line with the most recent advances, added to in the matter of illustrations, and generally revised. There are many textbooks on Skins; most of them are too full for the ordinary student, a few of them are too short and sketchy to be of any use at all. Dr. Roxburgh's book has the distinction of being, with regard to quantity, just right, besides being excellently written and, so far as treatment is concerned, one of the most valuable.

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British Pharmacopæia. Addendum, 1936.

BROWNE: *Antenatal and Postnatal Care.* Third Edition, 1939.

*BURROWS: *Some Factors in the Localisation of Disease.* 1932.

*BURROWS and COLTART: *Treatment by Manipulation.* 1939.

COPE: *Early Diagnosis of the Acute Abdomen.* Eighth Edition, 1940.

DIBLE and DAIRE: *Pathology.* 1939.

DUNLOP and others: *Textbook of Medical Treatment.* 1940.

EVANS: *Recent Advances in Physiology.* Sixth Edition, 1939.

*FARQUHARSON: *Illustrations of Surgical Treatment.* 1939.

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THOMSON and MILES: *Manual of Surgery.* Ninth Edition, 2 vols., 1939.

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- *BACH, F., and O. SAVAGE. "Splenectomy in the Treatment of Rheumatoid Arthritis." *Ann. Rheumatic Dis.*, 2, April, 1940.
- BANKS, T. E. See Krishnan, R. S., and —.
- BREWER, H. F., M. MAIZELS, J. O. OLIVER, and JANET VAUGHAN. "Transfusion of Fresh and Stored Blood." *Brit. Med. J.*, July 13, 1940, pp. 48-53.
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- GILLIES, SIR HAROLD. "Autograft of Amputated Digit; a Suggested Operation." *Lancet*, June 1, 1940, pp. 1002-3.
- GOULD, J. H. See Hamilton, W. J., and —.
- HAMILTON, W. J., and J. H. GOULD. "The Normal Vestrous Cycle in the Ferret." *Trans. Roy. Soc., Edinburgh*, 60, 1939-40, p. 87.
- HOPWOOD, F. L. See Loewenthal, H., and —.
- KRISHNAN, R. S., and T. E. BANKS. "A New Type of Disintegration, Produced by Deuterons." *Nature*, 145, 1939, p. 777.
- and —. "Fission of Uranium and Thorium Under Deuteron Bombardment." *Nature*, 145, 1940, p. 860.
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- POWER, SIR D'ARCY. "Thomas Johnson (1597?-1644), Botanist and Barber-Surgeon." *Glasgow Med. J.*, 15, June, 1940, pp. 201-5.
- RAVEN, R. W. "Tetanus." *Post-Grad. Med. J.*, 16, July, 1940, pp. 260-67.
- SAVAGE, O. See Bach, F., and —.
- STALLARD, H. B. "Non-perforating Injuries of the Eyeball." *Post-Grad. Med. J.*, 16, June, 1940, pp. 179-87.
- WEBER, F. PARKES. "Erythroblastemia and Its Value in the Diagnosis of Neoplastic Infiltration of Bone Marrow." *Lancet*, June 15, 1940, pp. 1077-8.

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BIRTHS

ARNOLD.—On June 27th, at Elmswood Nursing Home, Wembley, to Frances (née David), wife of D. L. Arnold—a son.

BIRCH.—On June 4th, 1940, at Southsea House Nursing Home, Dorking, Surrey, to Diana, wife of Dr. R. G. Birch—a daughter.

BERRY.—On July 10th, 1940, at Zomba, Nyasaland to Veronica and Dr. W. T. C. Berry—a son.

COPE.—On July 3rd, 1940, at Lima House, Reading, to Bonny, wife of John Cope, F.R.C.S., R.A.F.V.R.—a son.

HANBURY-WEBBER.—On July 3rd, 1940, at H.R.H. Princess Christian's Nursing Home, Windsor, to Phyllis (née Atkins), wife of Lieut. R. Hanbury-Webber, R.A.M.C.—a son.

KERSHAW.—On July 3rd, 1940, at Scads Hill House, Orpington, to Armine (née McCutcheon), wife of Dr. Robert Kershaw—a son.

McCURRICH.—On July 2nd, 1940, at St. David's Wing, Royal Northern Hospital, N.7, to Bettine (née Ellis), wife of H. J. McCurrich, M.S., F.R.C.S., of Hove—a son.

OWSTON.—On June 24th, 1940, at the Radcliffe Maternity Home, Oxford, to Rosemary (née Bromley), wife of Flight Lieutenant John Owston—a son.

WHITE.—On June 29th, 1940, at 108, High Street, Berkhamsted, to Phyllida (née Warren), wife of H. Denis White, M.B., BChir.—a son.

WARING.—On July 18th, 1940, at Luton and Dunstable Hospital, to Margaret (née Thompson), wife of Dr. John Waring—a daughter (Rosemary).

MARRIAGES

BUTLER—THOMPSON.—On June 24th, 1940, at Bishop's Stortford, Kenneth Arthur Butler, M.B., B.S., to P. D. Margaret (Dinah) Thompson.

CROWTHER—AUSTEN HALL.—On July 20th, 1940, at Holy Trinity, Prince Consort Road, Donald Crowther to April Austen Hall.

DEIGHTON—POPE.—On Saturday, June 20th, 1940, at Cheltenham Parish Church, by the Rev. J. R. Goodliffe, Rector, Thomas Dudley, son of the late Mr. and Mrs. T. Howard Deighton, of Brockley, London, to Gillian Barbara, daughter of the late Mr. and Mrs. Clement Pope, of Dorchester, Dorset.

EDWARDS—TELFER.—On April 20th, 1940, at St. Bartholomew's the Less, E.C.1, T. A. Watkin Edwards, R.A.F.V.R., to Beatrice Elizabeth Telfer.

HARTILL—HERBERT.—On July 8th, 1940, at East Cowes, Geoffrey Gordon Hartill, only son of Dr. and Mrs. S. Hartill, Bucklands, East Cowes, to Olive Alfrida Herbert, youngest daughter of Mr. Herbert and the late Mrs. Herbert, Little Common, Bexhill.

DEATHS

ANDERSON.—On June 23rd, 1940, at his residence, 176, London Road, Twickenham, Matthew John Beevor Anderson, L.R.C.P. (formerly of Cedars Road, Clapham Common), dearly loved husband and father.

BINDLOSS.—On June 14th, 1940, Dr. Edmund Frederick Bindloss, J.P., of The Boltons, Farnborough, Hants.

ON ACTIVE SERVICE

DAVIES.—In July, 1940, killed on active service, Ivor Rees Davies, M.B., B.S.Lond., Lieut. R.A.M.C., dearly beloved eldest son of Dr. and Mrs. H. R. Davies, Bedford Lodge, Whyteleafe, Surrey, aged 25.

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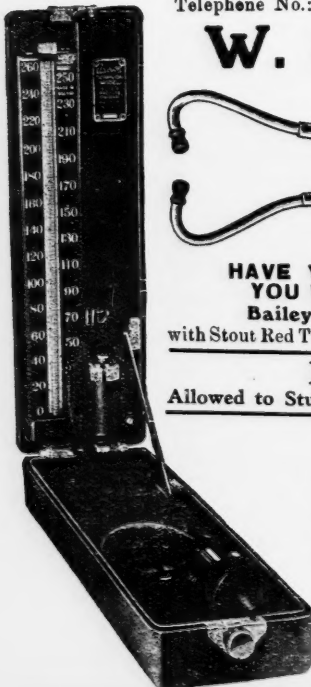
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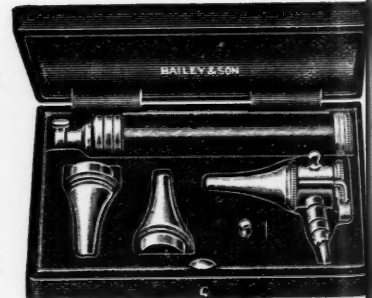
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